

WDVA or VA Hospital Event Report

Send a copy to Department Headquarters
5213 Pacific Hwy E, Fife, WA 98424

Date of Event: _____

Post/Auxiliary: _____

Location: _____

Number Of Veterans: _____

Aux member count: _____

Number of Volunteers: _____

From What Agencies: _____

Funding From: _____

Donations From: _____

Give a summary of the Event: *(highlights, special moments, etc)(please print)*

Commander

Chairman

This information is needed to update the requirements for All-State and will be filled in the post or district file.